





## HAWAII STATE ETHICS COMMISSION ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT 274 17

	201	13	7	4		
	PORT YEAR: 201	eriod: 🗸 January 1	Amended Stateme		[]S	TATE CELLAS COMMISSION
			last day of February	March 1 - April 30	LSIMAR	EPACE COMMS SIJH SIJH
	GANIZATION INFO		atists	Pohor	t T. Ogov	· · ·
Hawaii Association of Nurse Anesthetists				Robert T. Ogawa  Contact Person		
Organization Name 1188 Bishop Street, Suite 3105				Contac	t CISOII	
	•	•				
	•	er and Street or P.O. Bo	ox)			
Honolulu				HI		96813
City				State		Zip Code
521-4265		bogawa@hl	tca.org			
Tele	ephone	Extension	Email Address		<u></u>	<u>.</u>
PAF	RT I. TOTAL EXPE	NDITURES				
						Total Amount
1						
2		=		<del>_</del>		
3						
4	Compensation Pa List the names of all lo	aid to Lobbyists (Attai abbyists and compensation	ched Additional Sheets paid to lobbyists during the	s As Needed) statement period		
	Lobbyist Name	•		Compensation Paid		
	A. Robert T. Oga	wa	<u>,, , , , , , , , , , , , , , , , , , ,</u>	_ A		
	B			_ В	<del></del>	
	c	<del></del>			<u></u>	
	D					
	E			E		
	F			_ F		
	G. Total from Additi	onal Attached Sheet(s)		G	<u></u> _	
	Add lines A through G			Total Compensation	Paid ▶ 4	
5	Fees Paid to Consultants (other than to Lobbyists)5					
6	Entertainment & Events				6	<u> </u>
7	Receptions, Meals, Food & Beverages				7	<u> </u>
8	B Gifts				8	
9 Loans					9	·
10	Other Disbursem	ents			10	
	•					
	Add lines 4 three	b 40		Total Evacadi		

## **EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY** List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period. Name & Address Amount or Value Check here if additional sheets are attached AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON List all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period. Name & Address Amount or Value Check here if additional sheets are attached PART II. CONTRIBUTIONS RECEIVED List all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period. Amount or Value Name & Address Check here if additional sheets are attached PART III. SUBJECT AREAS OF LOBBYING Legislative and/or administrative action in the following areas was supported or opposed during the statement period: Agriculture Education Human Services Science, Technology & Economic Development Communications & Government Operation & Intergovernmental Relations, Tourism & Recreation International Affairs **Public Utilities** Finance Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Planning, Land & Water Use Management Culture, Arts, Historic Health Other (indicate below): Preservation Ecology, Energy Environmental Protection Housing Public Safety & Corrections I hereby certify that the statements made above are correct and complete to the best of my knowledge 3/24/2013 Signature of Authorized Person Government affairs consultant Robert T. Ogawa Title Print Name

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